

08/11/99  
1c690 U.S. PTO

Please type a plus sign (+) inside this box → ☐

PTO/SB/05 (4/98)  
Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 1482/198(a)

First Inventor or Application Identifier Vancura

Title KNOWLEDGE-BASED CASINO GAME AND ...

Express Mail Label No. EJ743867698US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. ☒ \* Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Pages 57]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the invention
  - Brief Summary of the invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 4]
4. Oath or Declaration [Total Pages 2]
  - a. ☒ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 16 completed)
    - i. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

5. ☐ Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Copy
  - b. ☐ Paper Copy (identical to computer copy)
  - c. ☐ Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

7. ☒ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
9. ☐ English Translation Document (if applicable)
10. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
11. ☒ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
13. ☐ \* Small Entity Statement(s) ☐ Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)
14. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
15. ☐ Other: \_\_\_\_\_

\* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:
- ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

or ☒ Correspondence address below

(Insert Customer No. or Attach bar code label here)

|         |                                    |           |              |          |              |
|---------|------------------------------------|-----------|--------------|----------|--------------|
| Name    | Robert C. Dorr, Esq.               |           |              |          |              |
|         | Dorr, Carson, Sloan & Birney, P.C. |           |              |          |              |
| Address | 3010 E. 6th Avenue                 |           |              |          |              |
| City    | Denver                             | State     | CO           | Zip Code | 80206        |
| Country | USA                                | Telephone | 303-333-3010 | Fax      | 303-333-1470 |

|                   |                      |                                   |         |
|-------------------|----------------------|-----------------------------------|---------|
| Name (Print/Type) | Robert C. Dorr, Esq. | Registration No. (Attorney/Agent) | 27,782  |
| Signature         | <i>Robert C Dorr</i> | Date                              | 8/11/99 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|   |             |  |  |                    |  |             |          |                      |         |               |  |                  |  |                     |             |
|---|-------------|--|--|--------------------|--|-------------|----------|----------------------|---------|---------------|--|------------------|--|---------------------|-------------|
| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 1999</h2> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision.<br/>Small Entity payments <u>must</u> be supported by a small entity statement,<br/>otherwise large entity fees must be paid. See Forms PTO/SB/09-12.<br/>See 37 C.F.R. §§ 1.27 and 1.28.</p> |             | <p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;"></td> </tr> <tr> <td>Filing Date</td> <td>Herewith</td> </tr> <tr> <td>First Named Inventor</td> <td>Vancura</td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Group / Art Unit</td> <td></td> </tr> <tr> <td>Attorney Docket No.</td> <td>1482/198(a)</td> </tr> </table> |  | Application Number |  | Filing Date | Herewith | First Named Inventor | Vancura | Examiner Name |  | Group / Art Unit |  | Attorney Docket No. | 1482/198(a) |
| Application Number  |             |  |  |                    |  |             |          |                      |         |               |  |                  |  |                     |             |
| Filing Date   | Herewith    |  |  |                    |  |             |          |                      |         |               |  |                  |  |                     |             |
| First Named Inventor  | Vancura     |  |  |                    |  |             |          |                      |         |               |  |                  |  |                     |             |
| Examiner Name   |             |  |  |                    |  |             |          |                      |         |               |  |                  |  |                     |             |
| Group / Art Unit  |             |  |  |                    |  |             |          |                      |         |               |  |                  |  |                     |             |
| Attorney Docket No.   | 1482/198(a) |  |  |                    |  |             |          |                      |         |               |  |                  |  |                     |             |
| <p><b>TOTAL AMOUNT OF PAYMENT</b> (\$ ) 2,474.00</p>  |             | <div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: x-small;">             09/372560<br/>U.S. PTO<br/>08/11/99           </div> </div>  |  |                    |  |             |          |                      |         |               |  |                  |  |                     |             |

| METHOD OF PAYMENT (check one)   | FEE CALCULATION (continued)  |              |              |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
|---|--|--------------|--------------|--|-----------------|-----------------|----------|----------|----------|----------|----------|-----|-----|-----|--------------------|-------------------------------------|-----|-----|-----|-----|-------------------|---|-----|-----|-----|-----|------------------|---------------------------|-----|-----|-------|-----|--------------------|--|-----|-----|------|-----|------------------------|--|---------------------|-----|--------|-----|--------|---|--------------|-----|--------------|-----|----------------|--|----------|-----|-----|-------|-----|---|----|-----|------|-----|-----|--|---|-----|-------|-----|-----|---|--------------------|-----|-------|-----|-----|--|--|-----|--------------|-----|--------------|------------------|-----------------|----------|----------|----------|----------|--|-----|-----|-----|-----|------------------------|--------------------------|-----|-----|-------|-----|-----------------------------------|---|-----|-----|-----|-----|---------------------------------------|----------------------------------|-----|-----|-------|-----|--|------------------------------------|-----|-----|-------|-----|--|--------------------------------|---------------------|-----|-----|-----|-----|------------------|-------------------------------------|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|----|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|---------------------------|--|--|--|--|--|---------------------------|--|--|--|--|--|--|--|--|--|--|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: 04-1414</p> <p>Deposit Account Name: Dorr, -Carson et al.</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:<br/> <input checked="" type="checkbox"/> Check    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p>   | <p>3. <b>ADDITIONAL FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet.</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>116</td> <td>380</td> <td>216</td> <td>190</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>117</td> <td>870</td> <td>217</td> <td>435</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>118</td> <td>1,360</td> <td>218</td> <td>680</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>128</td> <td>1,850</td> <td>228</td> <td>925</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>119</td> <td>300</td> <td>219</td> <td>150</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>120</td> <td>300</td> <td>220</td> <td>150</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121</td> <td>260</td> <td>221</td> <td>130</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>141</td> <td>1,210</td> <td>241</td> <td>605</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>142</td> <td>1,210</td> <td>242</td> <td>605</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>143</td> <td>430</td> <td>243</td> <td>215</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>144</td> <td>580</td> <td>244</td> <td>290</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>126</td> <td>240</td> <td>126</td> <td>240</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td>40</td> </tr> <tr> <td>146</td> <td>760</td> <td>246</td> <td>380</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>149</td> <td>760</td> <td>249</td> <td>380</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td colspan="5">Other fee (specify) _____</td> <td></td> </tr> <tr> <td colspan="5">Other fee (specify) _____</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"> <p><b>Reduced by Basic Filing Fee Paid</b></p> </td> </tr> </tbody> </table> | Large Entity |              | Small Entity   |                 | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105 | 130 | 205 | 65                 | Surcharge - late filing fee or oath |     | 127 | 50  | 227 | 25                | Surcharge - late provisional filing fee or cover sheet. |     | 139 | 130 | 139 | 130              | Non-English specification |     | 147 | 2,520 | 147 | 2,520              | For filing a request for reexamination |     | 112 | 920* | 112 | 920*                   | Requesting publication of SIR prior to Examiner action |                     | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |              | 115 | 110          | 215 | 55             | Extension for reply within first month |          | 116 | 380 | 216   | 190 | Extension for reply within second month |    | 117 | 870  | 217 | 435 | Extension for reply within third month |   | 118 | 1,360 | 218 | 680 | Extension for reply within fourth month |                    | 128 | 1,850 | 228 | 925 | Extension for reply within fifth month |  | 119 | 300          | 219 | 150          | Notice of Appeal |                 | 120      | 300      | 220      | 150      | Filing a brief in support of an appeal |     | 121 | 260 | 221 | 130                    | Request for oral hearing |     | 138 | 1,510 | 138 | 1,510                             | Petition to institute a public use proceeding |     | 140 | 110 | 240 | 55                                    | Petition to revive - unavoidable |     | 141 | 1,210 | 241 | 605  | Petition to revive - unintentional |     | 142 | 1,210 | 242 | 605  | Utility issue fee (or reissue) |                     | 143 | 430 | 243 | 215 | Design issue fee |                                     | 144 | 580 | 244 | 290 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 240 | 126 | 240 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | 40 | 146 | 760 | 246 | 380 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 760 | 249 | 380 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | Other fee (specify) _____ |  |  |  |  |  | Other fee (specify) _____ |  |  |  |  |  | <p><b>Reduced by Basic Filing Fee Paid</b></p> |  |  |  |  |
| Large Entity  |  | Small Entity |              | Fee Description  | Fee Paid        |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| Fee Code  | Fee (\$)   | Fee Code     | Fee (\$)     |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 105   | 130  | 205          | 65           | Surcharge - late filing fee or oath  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 127   | 50   | 227          | 25           | Surcharge - late provisional filing fee or cover sheet.                    |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 139   | 130  | 139          | 130          | Non-English specification  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 147   | 2,520  | 147          | 2,520        | For filing a request for reexamination                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 112   | 920*   | 112          | 920*         | Requesting publication of SIR prior to Examiner action                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 113   | 1,840*   | 113          | 1,840*       | Requesting publication of SIR after Examiner action                        |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 115   | 110  | 215          | 55           | Extension for reply within first month                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 116   | 380  | 216          | 190          | Extension for reply within second month                                    |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 117   | 870  | 217          | 435          | Extension for reply within third month                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 118   | 1,360  | 218          | 680          | Extension for reply within fourth month                                    |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 128   | 1,850  | 228          | 925          | Extension for reply within fifth month                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 119   | 300  | 219          | 150          | Notice of Appeal   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 120   | 300  | 220          | 150          | Filing a brief in support of an appeal                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 121   | 260  | 221          | 130          | Request for oral hearing   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 138   | 1,510  | 138          | 1,510        | Petition to institute a public use proceeding                              |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 140   | 110  | 240          | 55           | Petition to revive - unavoidable   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 141   | 1,210  | 241          | 605          | Petition to revive - unintentional   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 142   | 1,210  | 242          | 605          | Utility issue fee (or reissue)   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 143   | 430  | 243          | 215          | Design issue fee   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 144   | 580  | 244          | 290          | Plant issue fee  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 122   | 130  | 122          | 130          | Petitions to the Commissioner  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 123   | 50   | 123          | 50           | Petitions related to provisional applications                              |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 126   | 240  | 126          | 240          | Submission of Information Disclosure Stmt                                  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 581   | 40   | 581          | 40           | Recording each patent assignment per property (times number of properties) | 40              |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 146   | 760  | 246          | 380          | Filing a submission after final rejection (37 CFR § 1.129(a))              |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 149   | 760  | 249          | 380          | For each additional invention to be examined (37 CFR § 1.129(b))           |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| Other fee (specify) _____   |  |              |              |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| Other fee (specify) _____   |  |              |              |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| <p><b>Reduced by Basic Filing Fee Paid</b></p>  |  |              |              |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| <p><b>FEE CALCULATION</b></p> <p>1. <b>BASIC FILING FEE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>760</td> <td>201</td> <td>380</td> <td>Utility filing fee</td> <td>760</td> </tr> <tr> <td>106</td> <td>310</td> <td>206</td> <td>155</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>480</td> <td>207</td> <td>240</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>760</td> <td>208</td> <td>380</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>150</td> <td>214</td> <td>75</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td>760</td> </tr> </tbody> </table> <p>2. <b>EXTRA CLAIM FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>87</td> <td>-20**</td> <td>67</td> <td>X</td> <td>18</td> <td>=</td> <td>1206</td> <td></td> </tr> <tr> <td>9</td> <td>-3**</td> <td>6</td> <td>X</td> <td>78</td> <td>=</td> <td>468</td> <td></td> </tr> <tr> <td colspan="5">Multiple Dependent</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>**or number previously paid, if greater; For Reissues, see below</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>78</td> <td>202</td> <td>39</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>260</td> <td>204</td> <td>130</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109</td> <td>78</td> <td>209</td> <td>39</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>1674</td> </tr> </tbody> </table> | Large Entity   |              | Small Entity |  | Fee Description | Fee Paid        | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 101      | 760 | 201 | 380 | Utility filing fee | 760                                 | 106 | 310 | 206 | 155 | Design filing fee |   | 107 | 480 | 207 | 240 | Plant filing fee |                           | 108 | 760 | 208   | 380 | Reissue filing fee |  | 114 | 150 | 214  | 75  | Provisional filing fee |  | <b>SUBTOTAL (1)</b> |     |        |     |        | 760   | Total Claims |     | Extra Claims |     | Fee from below |  | Fee Paid |     | 87  | -20** | 67  | X                                       | 18 | =   | 1206 |     | 9   | -3**                                   | 6 | X   | 78    | =   | 468 |   | Multiple Dependent |     |       |     |     |  |  |     | Large Entity |     | Small Entity |                  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$)                               | 103 | 18  | 203 | 9   | Claims in excess of 20 |                          | 102 | 78  | 202   | 39  | Independent claims in excess of 3 |   | 104 | 260 | 204 | 130 | Multiple dependent claim, if not paid |                                  | 109 | 78  | 209   | 39  | ** Reissue independent claims over original patent |                                    | 110 | 18  | 210   | 9   | ** Reissue claims in excess of 20 and over original patent |                                | <b>SUBTOTAL (2)</b> |     |     |     |     | 1674             | <p><b>SUBTOTAL (3)</b> (\$ ) 40</p> |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| Large Entity  |  | Small Entity |              | Fee Description  |                 |                 | Fee Paid |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| Fee Code  | Fee (\$)   | Fee Code     | Fee (\$)     |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 101   | 760  | 201          | 380          | Utility filing fee   | 760             |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 106   | 310  | 206          | 155          | Design filing fee  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 107   | 480  | 207          | 240          | Plant filing fee   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 108   | 760  | 208          | 380          | Reissue filing fee   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 114   | 150  | 214          | 75           | Provisional filing fee   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| <b>SUBTOTAL (1)</b>   |  |              |              |  | 760             |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| Total Claims  |  | Extra Claims |              | Fee from below   |                 | Fee Paid        |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 87  | -20**  | 67           | X            | 18   | =               | 1206            |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 9   | -3**   | 6            | X            | 78   | =               | 468             |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| Multiple Dependent  |  |              |              |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| Large Entity  |  | Small Entity |              | Fee Description  | Fee Paid        |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| Fee Code  | Fee (\$)   | Fee Code     | Fee (\$)     |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 103   | 18   | 203          | 9            | Claims in excess of 20   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 102   | 78   | 202          | 39           | Independent claims in excess of 3  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 104   | 260  | 204          | 130          | Multiple dependent claim, if not paid                                      |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 109   | 78   | 209          | 39           | ** Reissue independent claims over original patent                         |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| 110   | 18   | 210          | 9            | ** Reissue claims in excess of 20 and over original patent                 |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |
| <b>SUBTOTAL (2)</b>   |  |              |              |  | 1674            |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |   |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |                     |     |        |     |        |   |              |     |              |     |                |  |          |     |     |       |     |   |    |     |      |     |     |  |   |     |       |     |     |   |                    |     |       |     |     |  |  |     |              |     |              |                  |                 |          |          |          |          |  |     |     |     |     |                        |                          |     |     |       |     |                                   |   |     |     |     |     |                                       |                                  |     |     |       |     |  |                                    |     |     |       |     |  |                                |                     |     |     |     |     |                  |                                     |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |

| SUBMITTED BY      |                       | Complete (if applicable)          |              |
|-------------------|-----------------------|-----------------------------------|--------------|
| Name (Print/Type) | Robert C. Dorr, Esq.  | Registration No. (Attorney/Agent) | 27,782       |
| Signature         | <i>Robert C. Dorr</i> | Telephone                         | 303-333-3010 |
|                   |                       | Date                              | 8-11-99      |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

"Express Mail" mailing label number EJ743867698US

Date of Deposit August 11, 1999

I hereby certify that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to: Assistant Commissioner of Patents, Washington, D.C. 20231.

Vicki O'Brien

(Typed or printed name of person mailing paper or fee)

*Vicki O'Brien*

(Signature of person mailing paper or fee)

